

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008905

FILED  
Apr 18, 2006  
Secretary of State

Entity Name: PEMBROKE PINES ROTARY CLUB INC

**Current Principal Place of Business:**

P.O. BOX 163  
2114 N FLAMINGO DR  
PEMBROKE PINES, FL 33028

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 163  
2114 N FLAMINGO DR  
PEMBROKE PINES, FL 33028

**New Mailing Address:**

FEI Number: 20-3390672

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TURCHEN, SKIP  
12555 ORANGE DR  
103  
DAVIE, FL 33330 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LEVY, RUBEN  
Address: 12663 N.W. 18 MANOR  
City-St-Zip: PRMBROKE PINES, FL 33028

Title: VP ( ) Delete  
Name: CORREDOR, LIGIA  
Address: 16417 SAPPHERE BEND  
City-St-Zip: WESTON, FL 33331

Title: S ( ) Delete  
Name: VINTEJOUX, PIERRE  
Address: 880 ANSLEY CT  
City-St-Zip: WESTON, FL 33326

Title: T ( ) Delete  
Name: TURCHEN, SKIP  
Address: 12555 ORANGE DR 103  
City-St-Zip: DAVIE, FL 33330

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SKIP TURCHEN

T

04/18/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date